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Center for Health Improvement

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October 25, 2007, Health Policy Forum: Transforming CA's Mental Health System

Will the transformation taking place in California's mental health care system using financing from Proposition 63 allow it to leapfrog over the state's primary care system, which typically gets far more money and attention?

That's the question that was raised at the end of an October 25 California Health Policy Forum that featured a panel discussion of the implementation challenges and successes of the 2004 proposition. Proposition 63 became the Mental Health Services Act (MHSA), which is funded by a 1% tax on people with incomes over \$1 million and contains provisions that prohibit the use of these new funds to supplant existing programs and services. To date, it has provided more than \$2 billion to California counties for new services to underserved populations.

CHI manages the nonpartisan Forum held in the state's Capitol that fosters solutions-oriented conversations on improving health policy among legislative and agency staff. The Forum is funded by The California Endowment, the California HealthCare Foundation, and The California Wellness Foundation.

Carol Hood, assistant deputy director for Community Program Development, California Department of Mental Health (DMH), set the tone for the discussion: "We don't just want to use the money to expand what we do, but to change what we do. We know the direction we need to go ... but there still remains unmet need."

There's never going to be enough money for mental health, the panelists agreed, while at the same time expressing excitement about opportunities made possible by the MHSA to transform the current system. In addition to Hood, panelists were: Rev. Richard S. Van Horn, president and CEO of Mental Health America of Los Angeles; Jim Hurley, MFT, program director, Wellness Recovery, Stanislaus County Behavioral Health; and Mistique Felton, MPH, senior

research associate, Nicholas C. Petris Center on Health Care Markets and Consumer Welfare, University of California at Berkeley.

Hurley spoke of the difficulties inherent in the two-tier system created by the MHSA and how that demands even more careful planning to make sure the two are integrated. From his experiences in Stanislaus County, Hurley shared some successes in transforming how mental health services are delivered there. One change his agency made is to have consumers or family members answer all intake phone calls. His agency has also implemented a system to integrate care by allowing mental health providers to discuss their patients' diagnoses and prescriptions with their primary care providers—or to help find primary care providers for clients who don't have one.

Noting that one protocol doesn't necessarily fit all, Hurley described an instrument called Locus that he's put to use in Stanislaus County to assess the level of care clients need. "How much treatment do people need?" he asked. "As people get better, they need different levels of treatment. We need to devise new programs within our system to accommodate that."

Panelists discussed other challenges involved in transforming the mental health system. For example, some counties are finding that one size doesn't fit all in terms of implementing the mandates of the MHSA. "It's true, small counties in particular, are struggling," said Patricia Ryan, MPA, executive director, California Mental Health Directors Association, who facilitated the question and answer discussion. "You can't apply guidelines in counties that just don't have the infrastructure to comply."

Ryan noted, however, that the DMH is working in partnership with these counties to address these concerns and others. By sharing best practices across the state, Cook said the DMH can also begin to help counties develop plans to address disparities—something that only 6% of the county plans submitted to the DMH had included, according to recently released research conducted by Felton at UC Berkeley. (View the research results at: www.Petris.org.)

Panelists spoke of needing more time to identify gaps and develop programs that work—Van Horn called for a "grace period to roll Proposition 63 out."

Hood noted the DMS's eagerness to make the transformation a success: "Even though we're in the early stages, challenging us to do better is a fine thing to do."

Worksite Wellness Program Maintains Employee Health Status

Worksite improvements and interventions helped maintain the health status of employees at California's Department of Health Services (CDHS) according to findings reported in mid-October by the Center for Health Improvement and its partners at the University of Michigan and the State University of New York at Brockport.

Through a combination of changes in policies, worksite culture, and physical environment, the Step Up Program took aim at increasing the healthy behavior and improving the health status of some 2,800 employees at the Health Department's East End Campus in Sacramento.

"The program is so successful that the department heads want to institutionalize it," said Esperanza Zúñiga, CHI's worksite wellness

coordinator. “They’re talking about reaching out to other campuses—maybe first to Richmond—then extending the Sacramento model statewide.”

CHI worked with CDHS leadership and employee groups to develop and implement 13 evidence-based interventions as part of the Step Up program. They include:

- Bringing a farmer’s market within walking distance of the facility
- Launching a wellness website
- Performing blood pressure and body-fat screenings
- Publishing monthly “Fit Tips”
- Conducting noontime wellness talks
- Placing healthier foods in vending machines
- Developing walking routes near the worksite
- Improving the facility’s fitness room
- Delivering fresh fruit to the worksite

Changes to the worksite’s physical environment resulted in improvements in six of seven categories measured: Nutrition, Smoking, Physical Activity, Stress, Screening (blood pressure/body fat), and Administrative Support. The overall rating of the health of the workplace environment rose from “Good” to “Excellent.”

SUNY Professor Thomas Golaszewski, who conducted the analysis, saw the improvement as a positive sign for employee health in the future, noting that: “It is the chameleon effect—people will change behavior to reflect their environments. Therefore, if you want healthy people, simply create healthy environments.”

While the slight improvement in employee health-risk assessment scores over the course of the study (51.5% considered at low risk in 2005 vs. 52.7% rated at low risk in 2007) was not statistically significant, the maintenance of risk levels is a very positive outcome, especially given that some employees identified new risk factors through worksite interventions. Employee health risk assessments were analyzed by Professor Mary Marzec and Principal Investigator Dee Edington from the University of Michigan.

CHI is working with Sandra Shewry, who championed the Step Up Worksite Wellness Program at the now Department of Health Care Services, and Mark Horton, MD, director of the newly formed Department of Public Health, to embed the program within their respective agencies. The three-year research study, which is funded by the Centers for Disease Control & Prevention, was extended to the spring of 2008.

CHI Policy Brief Says California Must Do More to Aid Syringe-Exchange

A CHI Policy Brief published in September recommends that California do more to lift barriers to establishing Syringe Exchange Programs (SEPs) throughout the state. Despite overwhelming scientific evidence about the efficacy of SEPs in preventing the spread of HIV/AIDS, hepatitis C, and other diseases, a complex web of laws continues to make it difficult to establish and fund SEPs in California. On October 14, 2007, Governor Schwarzenegger signed AB 110 by John Laird (D-Santa Cruz) that will allow local governments and the California Department of Public Health to use state General Fund dollars to support purchase

of sterile syringes for distribution by SEPs. The legislation provides no new funding directly to programs, but it is an incremental improvement on current law and should lead to greater stability in funding for these life-saving programs. Work on CHI's policy brief was funded by the Syringe Access Fund of Tides Foundation and conducted by CHI Senior Consultant Martha Saly, MSOD, and public policy researcher Glenn Backes, MSW, MPH. The brief was featured on Univision Spanish-language television, in the Bay Area Reporter, and other media reports. Read the policy brief [online](#) at CHI's website.

CHI Is Hiring

CHI is recruiting for the following positions for its offices in downtown Sacramento close to the state Capitol.

[Policy Director](#) - Self-starter with extensive knowledge of local, state, and federal health policy, excellent project management/communication skills. Legislative background desired.

[Research Analyst](#) - Requires a bachelor's degree (master's degree in public health or related field is desirable); at least one year of experience in research, analysis, and writing, with an educational background and interest in policy, health, and health care issues.

CHI Out and About

On August 2, **Gregg Shibata**, associate director, delivered a presentation in Denver, Colorado, at the AcademyHealth's State Coverages Initiatives meeting on the Robert Wood Johnson Foundation's *Aligning Forces for Quality* program. On October 1, **Shibata** represented the *Aligning Forces for Quality* program on a panel discussion of national efforts to improve health care quality at the P2 Collaborative's 1st Annual meeting in Buffalo, New York. **Karen Shore**, PhD, director, is set to speak on November 11 about AHRQ's Learning Network for Chartered Value Exchanges at a meeting of the National Business Coalition on Health in Scottsdale, Arizona. **Patricia Powers**, MPPA, president and CEO, was a panelist for a discussion of the dynamics and success factors in leading communities and building stakeholder coalitions composed of health care purchasers, providers, consumers, health plans, and others at the AHRQ 1st Annual Meeting in September. At that same meeting, **Powers** facilitated a luncheon discussion with Community Leaders to identify their technical assistance needs. **Powers** also spoke as part of the plenary session on the Robert Wood Johnson Foundation's Quality/Equality Strategy at the Foundation's early November meeting in Washington, D.C.